

## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD \$26.00 PER COPY

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THE APPLICATION.

**CERTIFICATE TYPE:**            I am requesting an AUTHORIZED COPY (notarized sworn statement required)

I am requesting an INFORMATIONAL COPY

**Part 1 - Relationship to Person on Certificate (Registrant):** *Check appropriate box.*

- A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- An agent or employee of a funeral establishment (acting within the scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8)).
- Surviving next of kin (As specified in HSC § 7100).

**Part 2 - Death Record Information:** *Complete the information below as shown on the death record.*

FIRST Name	MIDDLE Name	LAST Name
County of Death (must be in California)		Date of Death - MM/DD/YYYY (or approximate date)
Social Security Number		Date of Birth - MM/DD/YYYY (or approximate date)
Mother/Parent (First, Middle, Last)		Spouse/Domestic Partner (First, Middle, Last)

**Part 3 - Applicant Information:** *Please PRINT all information legibly.*

Applicant Name		Mailing Address: Number, Street, and Unit (if applicable)	
Zip Code	City	State/Province	Country
Telephone (Include area code)	Email Address		Reason for Request

*Agency Use (if applicable)*

Agency Name	Case/ID Number	Contract Number
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**Application Checklist:**

Check/Money Order Enclosed <b>(No Cash)</b>	Notarized Sworn Statement Enclosed (if applicable)	<b>Number of Copies</b> _____
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## INSTRUCTIONS

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1. Complete a separate application for each death record requested.
2. In Part 1, check the appropriate box according to the relationship to the person on the certificate. **ONLY** authorized individuals (Health and Safety Code Section 103526) listed in Part 1 may obtain an authorized copy. All others may receive a certified informational copy that will be marked, "Informational, Not a Valid Document to Establish Identity."
3. Complete Part 2 and Part 3. In Part 2, provide as much information as possible to help identify the record.
4. Indicate the number of copies and submit **\$26.00** for **each** copy in the form of a check or money order, made payable to the "**Alpine County Recorder**" in US dollars. **DO NOT SEND CASH.**
5. County Recorder will issue a Certificate of No Public Record (CNPR) if the record is not available and will retain the fee for the search, according to California law.
6. **SWORN STATEMENT:**
  - Only one sworn statement is required for multiple records.
  - Sworn statements are not required for informational copy requests.
  - Authorized individuals must complete the top portion of the attached sworn statement by signing and identifying their relationship to person listed on certificate.
  - Sworn statements **must** be notarized by a **Notary Public** for authorized copy requests.
  - **Law enforcement and governmental agencies, and funeral establishments (for death records only) are exempt from the notary requirement but must complete the top portion of the sworn statement page.**
  - A sworn statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained by an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign county do not require an apostille.
7. Mail completed applications with the fee(s) to the address below:

**Alpine County Recorder**  
**P.O. Box 155 or 99 Water St (overnight delivery)**  
**Markleeville, CA 96120**  
**Phone (530) 694-2283**

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**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the  
 (Applicant's Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

<b>Registrant                      (Name of person whose certificate                      you are requesting)</b>	<b>Applicant's Relationship to Registrant                      (Must be an authorized person)</b>

*(The remaining information must be completed in the presence of a Notary Public.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (Applicant's Signature)

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, Personally appeared \_\_\_\_\_,

(Insert Name and Title of Officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they. executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal. (SEAL)

\_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC)

Death